U.S. Peters and Trademers Office: U.S. DEPARTMENT OF COMMERCE M the Paperport Reduction Act of 1995, no persons are required to respond to a collection of information unless & displays a visid CMS control number. Apologijan or Doplye Humber DATENT APPLICATION FEE DETERMINATION RECORD

			Substi	ute for Form PT	0-875 Effec	ine De	comber 8	2004	1./	1131	400
APPLICATION AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY			. OR	OTHER THAN SMALL ENTITY	
	FÓR	NUM	NUMBER FILED		NUMBER EXTRA		LATE (S)	FEE (6)		RATE (I)	FEE (1)
	CFE 1 16(4) (V) a	(c))	AVA .		NIA		N/A .	150.00		N/A .	300.00
. SE	LACH FEE CFA 1 16(U. N. O'		NA		NIA		H/A	\$250	·	· N/A	\$600
EX	MINATION FEE CFR 1 16(4), (p), or	·	N/A		N/A		NA	\$100		- N/A	·\$200
10	TAL CLAUAS	15	15 minus 20 -		. 1		25 .		ok	X\$50 .	
OND	CFR 146(4) EPENDENT CU	UMS T	minus 3 =				100 .			X200 .	
API	OFR 1 15(N) PLICATION 5(ZE OFR 1 16(N)	sheets of \$250 addition	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).					•			
MUNTIPLE DEPENDENT CLAIM PRESENT OF CFR 1 16(1)						. 1	180=			+360=	
* If the difference in column 1 is less then zero, enter "O" in column 2.						-	TOTAL		,	TOTAL .	201
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							Small	ENTITY	OR	OTHER	
HAF	4 16 de	CLAIMS REMAINING AFTER AMENDMENT	·	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	f	MTE (6)	ADDI- TIONAL FEE (\$)		RATE (5)	FEE (1)
Ð	Total CO CFR LINES	15	Minus	70	مره	X	.25		OR .	X\$50 .	·
10	Independent OF OFR LIGHT	· 🛱 ·	Minus	3	1.8	×	100 _		OR	X200 .	
ME	Application Stre Fee (37 CFR 1.16(s))					-				+360=	
	PRIST PRESENTATION OF MATIPLE DEPENDENT CLAIM (37 CFR 1.148)						160=		OR	TOTAL	
							OLFEE		OR	ADO'L FEE	L
_		(Column 1)		. (Column 2)	(Column 3)	سننو	· ·	,	1		·
ITB	6/23/06	CLAIMS REMAINING AFTER. AMENDMENT	• ;	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	F	ATE (\$)	ADDI- TIONAL FEE (5)		RATE (\$)	ADOI- TIONAL - FEE(S)
NOMENT	Cat Cate Freder	15	Minus	<i>- 20</i>	•	X	\$ 25 .	1.	OR.	X\$50 -	
P	Endependent (SP CFR 1.16)	.5	Minus ·	" 5	• –	X	100	V	OR -	X200	<u> </u>
3	Application 6 to		-				.005	 			
	PRIST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (37 CFR 1.160)					ــا	180=		OR	+360±	
	•				٠٠ .	TO	TAL	\Y	OR	TOTAL	I. W

* If the entry in column 1 is less than the entry in column 2, write "V" in column 3.

"If the Tighest Number Previously Paid For" IN THIS SPACE is lies than 30, order "20".

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